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Atty Docket No. 082376-000000US

PTO FAX NO.: 1-703-872-9306

ATTENTION: Examiner David A. Lambertson

Group Art Unit 1636

**OFFICIAL COMMUNICATION  
FOR THE PERSONAL ATTENTION OF  
EXAMINER David A. Lambertson**

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following document(s) in re Application of Nisimoto, I., Application No. 10/088,699, filed March 18, 2002 for METHOD OF SCREENING DISEASE DEPRESSANT GENE

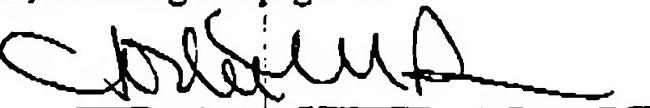
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Document(s) Attached

1. Transmittal Form (1 page);
2. Petition for a 1 (ONE) Month Extension of Time (1 page, in duplicate);  
and
3. Supplemental Response to Restriction Requirement (6 pages).

Number of pages being transmitted, including this page: 10

Dated: December 2, 2003

  
Jodie M. Rivas

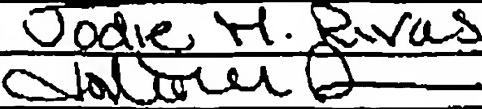
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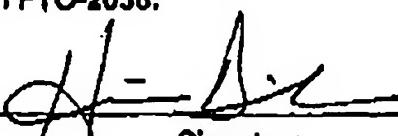
<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number 10/088,699
		Filing Date March 18, 2002
		First Named Inventor NISHIMOTO, Ikuo
		Art Unit 1636
		Examiner Name David A. Lambertson
Total Number of Pages in This Submission 9		Attorney Docket Number 082378-000000US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Supplemental Response to Restriction Requirement <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page, submitted in duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
		Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual Harrison F. Dillon	Townsend and Townsend and Crew LLP	Reg. No. 45,861
Signature 		
Date 12/2/03		

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being facsimile transmitted to Technology Center 1600 of the United States Patent and Trademark Office, Fax No. (703)872-9306 on 12-02-03		
Typed or printed name Jodie H. Rivas		
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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) 082376-000000US										
<p>In re Application of Nisimoto, I.</p> <table border="1"> <tr> <td>Application Number 10/088,698</td> <td>Filed March 18, 2002</td> </tr> <tr> <td colspan="2">For METHOD OF SCREENING DISEASE DEPRESSANT GENE</td> </tr> <tr> <td>Art Unit 1636</td> <td>Examiner David A. Lambertson</td> </tr> </table>			Application Number 10/088,698	Filed March 18, 2002	For METHOD OF SCREENING DISEASE DEPRESSANT GENE		Art Unit 1636	Examiner David A. Lambertson				
Application Number 10/088,698	Filed March 18, 2002											
For METHOD OF SCREENING DISEASE DEPRESSANT GENE												
Art Unit 1636	Examiner David A. Lambertson											
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$110</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ .</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98).</p> <p><input type="checkbox"/> attorney or agent of record. Registration Number _____</p> <p><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a); Registration number if acting under 37 CFR 1.34(e), <u>45,661</u>.</p> <p><b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p><u>12/2/03</u> Date</p> <p> Signature</p> <p><u>Harrison J. Fallon</u> Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of 1 form is submitted.</p>			<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$
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<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$											

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